MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2	✓	✓					52						
3	✓	✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11	✓						61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17	✓						67						
18		✓					68						
19		✓					69						
20		✓					70						
21							71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP							TOTAL DEP						
TOTAL CLAIMS							TOTAL CLAIMS						

★ MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360